

Investing

Investing in Our Future

State Fiscal Year 2003 Annual Report

Dear friends:

As Chair of the Citizens Advisory Council on Alcoholism and Drug Addiction, I am privileged to introduce the Washington State Division of Alcohol and Substance Abuse's (DASA) Annual Report for State Fiscal Year 2003, "Investing in Our Future". The Report outlines the goals, strategies, services, outcomes, and future challenges facing DASA as it strives to prevent alcohol and other drug abuse from wreaking havoc in our communities, and and to restore individuals and families to wholeness through the provision of timely, effective chemical dependency treatment services.

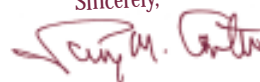
While the Legislature has increased funding for alcohol- and drug-related services in recent years, DASA is still only able to serve a small fraction of those eligible for, and in need of, publicly funded treatment. In many cases, these individuals want to get well, but require a helping hand to free themselves from the ravages of alcohol and drug abuse. Waiting lists for residential treatment for youth - the future of our communities - remain high, meaning that many will miss that all-important 'window of opportunity' during which treatment is likely to be most effective. In a time of escalating health care spending, increasing resources for alcohol and drug treatment should be viewed as a proven effective method for controlling costs. Indeed, this is truly a sound investment in our collective future.

At the same time, DASA works to expand the availability of prevention and treatment services, we must all work together to help remove the stigma associated with chemical dependency. Chemical dependency is a recurring chronic disease, and should be treated as such. Treatment for this disease is an effective and cost-effective form of health care. When provided, chemical dependency treatment prevents a full range of other health-related conditions and disorders, ensuring more vibrant communities and a more productive citizenry. By removing the stigma attached to this disease and to its treatment, we all stand to gain.

Of course, the best possible approach to chemical dependency is to prevent it before it starts. We are gratified by the new collaborative efforts initiated by DASA in targeting those most at risk for services scientifically demonstrated to reduce risk factors for substance abuse.

We at the Citizens Advisory Council look forward to a continuing productive relationship with DASA, as we work together on behalf of all the citizens of Washington State.

Sincerely,

A handwritten signature in dark ink, appearing to read "Larry M. Carter". The signature is fluid and cursive, with a large initial "L" and "C".

Larry Carter

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Investing

Investing in Our Future

Our Future

What is our mission?

The Mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy, and secure lives.

The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.



How do we carry out our mission?

To succeed in our mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, and other agencies within the private sector and within local, state, and federal governments. The Division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services;
- Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs;
- Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools, and resources to enable communities to define and meet their local substance abuse prevention needs;
- Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and which specifically address the needs of low-income adults, youth, women, children, and families;
- Support continued recovery and a return to competitive employment by helping individuals surmount barriers to self-sufficiency;
- Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention and treatment services;
- Provide training and professional development opportunities for the chemical dependency field;
- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment outcomes, costs, and benefits;
- Provide management information services and support to internal and external customers;
- Manage available resources in a manner consistent with sound business practices;
- Advocate for the enhanced availability of, and resources for, prevention and treatment services as a primary avenue for protecting and promoting the public health and safety of all Washington residents.



Whom do we serve?

Through Prevention

DASA's Prevention Program is aimed at preventing alcohol, tobacco, and other drug use and abuse to reduce their negative consequences and minimize future needs for chemical dependency treatment. While services are aimed at all segments of the population, our primary focus is on children who have not yet begun use or are still only experimenting. Research indicates that youth who initiate substance use before the age of 15 are twice as likely to experience alcohol or drug problems later in life than those who wait until age 19.

DASA has adopted the Office of National Drug Control Policy's "Evidence-Based Principles for Substance Abuse Prevention" to guide delivery of our services:

- Address appropriate risk and protective factors for substance abuse;
- Use approaches that have been shown to be effective;
- Intervene early at important stages and transitions;
- Intervene in appropriate settings; and
- Manage programs effectively.

Individuals are eligible for DASA-funded treatment services if they are low-income or indigent, and are assessed as chemically dependent. For persons applying for treatment under the Alcohol and Drug Addiction Treatment and Support Act (ADATSA), eligibility is further restricted to those who are unemployable as a result of their alcohol or other drug addiction. Treatment services are designed to maintain a cost-effective quality continuum of care for rehabilitating alcoholics and drug addicts.

Through the legislative and budgetary process, the State Legislature has identified five populations to be given priority for publicly funded treatment:

- Pregnant women;
- Families with children;
- Families receiving Temporary Assistance for Needy Families (TANF);
- Child Protective Service Referrals; and
- Youth.

The federal government has also identified pregnant women and women with children as a priority population.

Administrative Policy 7.01, written pursuant to the Washington State 1989 Centennial Accord and current federal Indian policy, requires:

- Delivery of necessary social and health services to American Indians; and
- Involvement of tribes and American Indian organizations in development of plans and processes for service delivery.

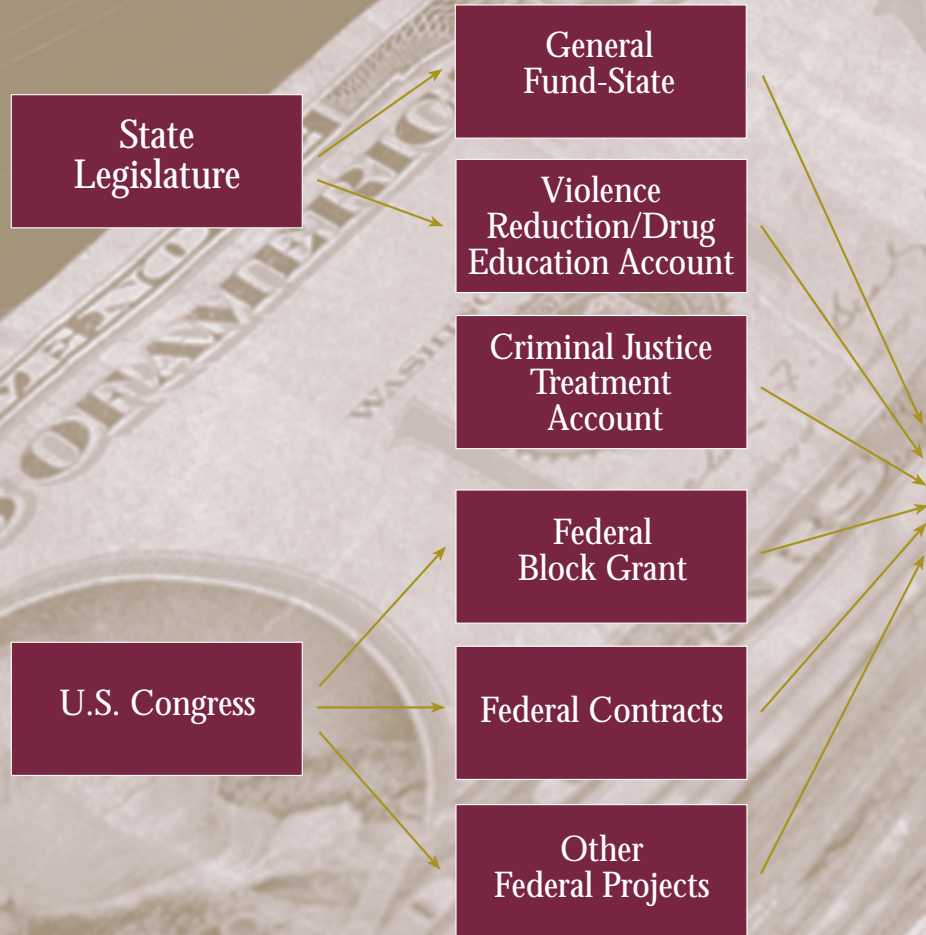
DASA's Certification Section provides state certification and technical assistance to 520 chemical dependency treatment providers throughout Washington State. Certified agencies are surveyed at least once every three years to assist providers in achieving compliance with all applicable regulations. Efforts are undertaken to improve the quality of treatment for all patients, both publicly funded and private-pay. DASA is also a federally recognized Opiate Treatment Program Accreditation body, the only state agency in the United States currently functioning in that role.

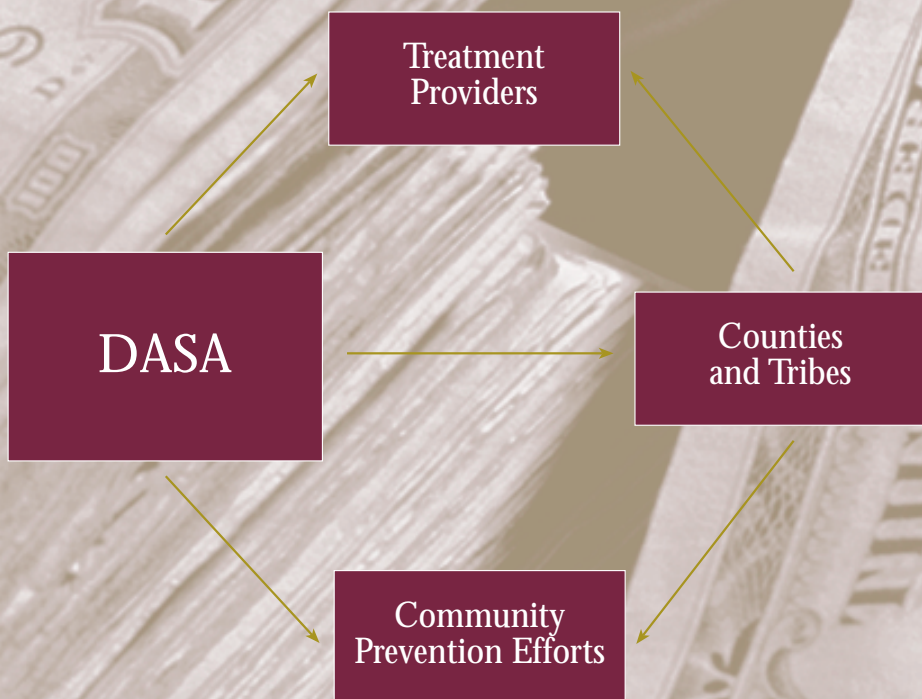
Through Treatment

Through Certification

How are we funded?

DASA serves as a central planning and coordinating agency for the delivery of substance abuse prevention and treatment services. We are responsible for contract management, data collection, quality assurance, policy administration, and professional development.





DASA does not provide any direct substance abuse prevention or treatment services. We contract with prevention and treatment providers either directly, or through counties or tribes. They, in turn, contract for delivery of needed services.

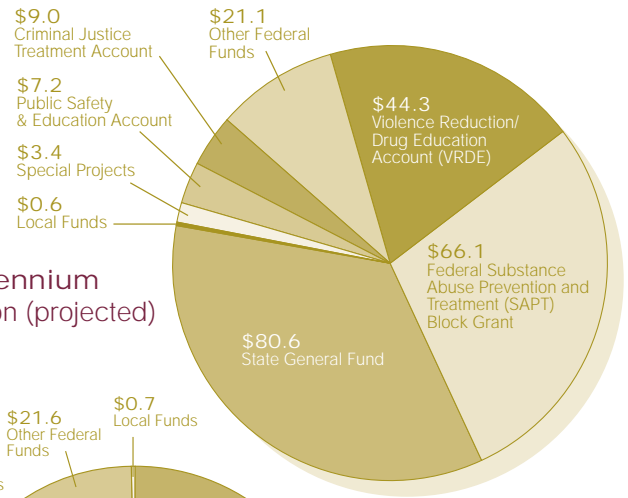
What is our budget?

DASA's budget for the 2003-2005 Biennium is \$232.3 million. This represents a 0.5% increase from 2001-2003.

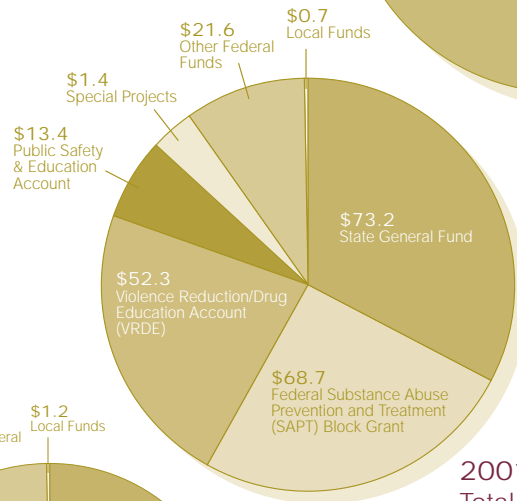
Projected sources of revenue for the 2003-2005 Biennium are (in millions):

- State General Fund - \$80.6
- Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant - \$66.1
- Violence Reduction/Drug Education Account (VRDE) - \$44.3
- Public Safety & Education Account - \$7.2
- Criminal Justice Treatment Account - \$9.0
- Special Projects - \$3.4
- Other Federal Funds - \$21.1
- Local Funds - \$0.6

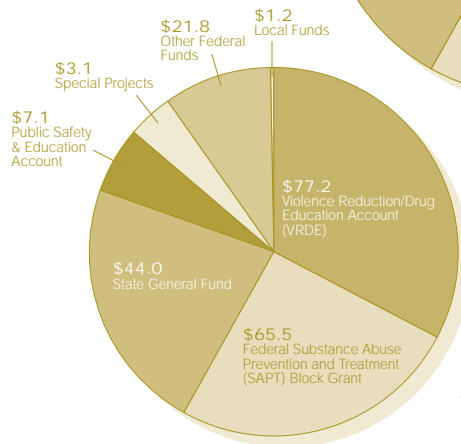
2003 – 2005 Biennium
Total=\$232.3 million (projected)



2001 – 2003 Biennium
Total=\$231.3 million

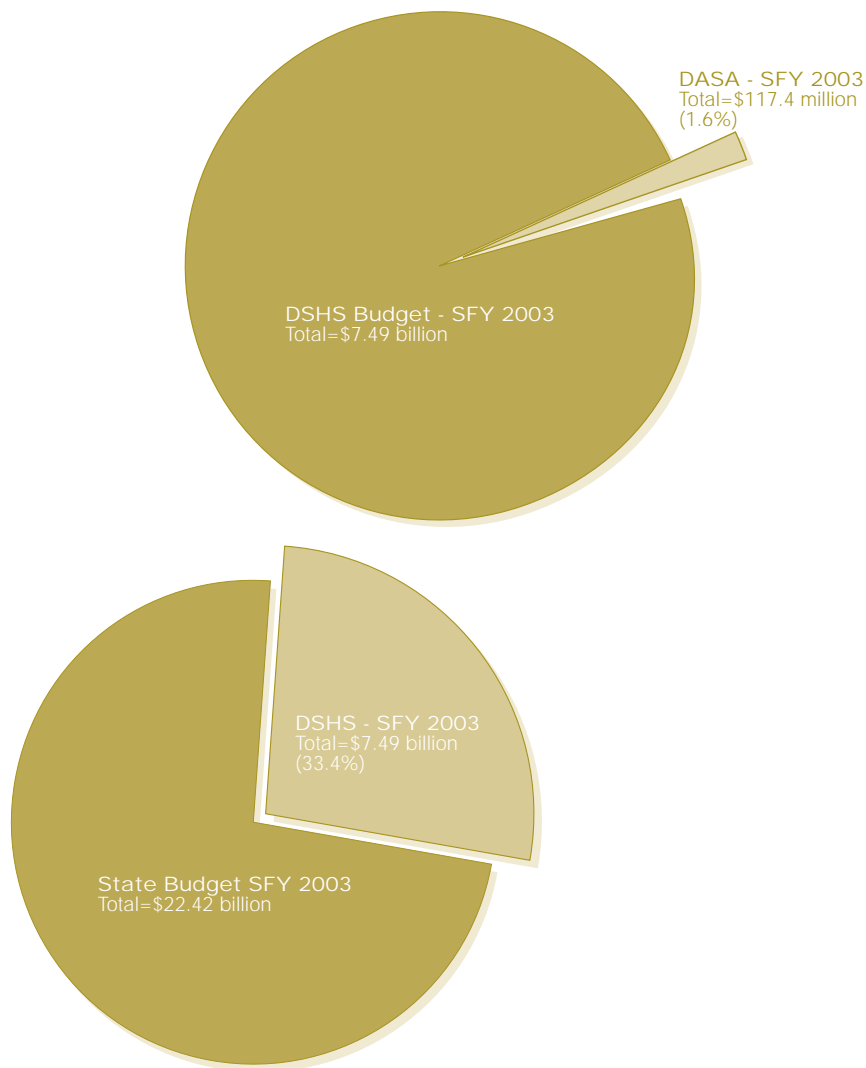


1999 – 2001 Biennium
Total=\$219.9 million



DASA's Budget for State Fiscal Year 2003

DASA's budget for SFY 2003 was 1.6% of the total budget of the Department of Social and Health Services (DSHS). The DSHS budget was 33.4% of the total SFY 2003 State Budget.



How do we spend our funds?

Through contracts with counties, tribes, and community-based providers, DASA provides a full range of prevention and treatment services, in the following categories (partial list):

Prevention

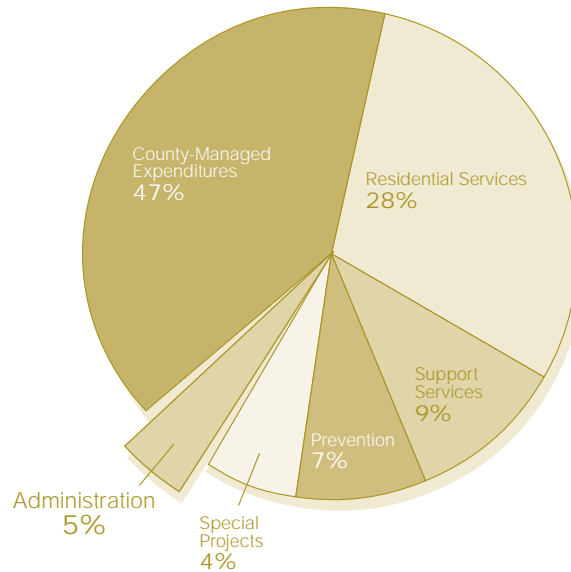
- County Prevention Services
- Direct Prevention Services
- Training

Residential Services

- Adult Treatment
- Youth Treatment
- Pregnant and Parenting Women's (PPW) Services
- Involuntary Treatment

Support Services

- Youth Services
- Native American Services
- Interpreter Services
- PPW and Child Care Services
- HIV Support Services
- Treatment Accountability for Safer Communities (TASC)
- Research
- TARGET (database)



Total Disbursements - SFY 2003

Millions

County-Managed Expenditures	\$58.6	47%
Residential Services	\$34.8	28%
Support Services	\$10.7	9%
Prevention	\$8.8	7%
Special Projects	\$4.8	4%
Administration	\$6.3	5%

How do we spend our funds?

County-Managed Expenditures

SFY 2003

(Total = \$58.62 million)

County Grant in Aid	\$21.10 million
Youth Outpatient	\$2.07 million
Pregnant/Parenting Women Outpatient	\$1.18 million
Opiate Substitution Treatment	\$0.71 million
Detoxification	\$5.06 million
ADATSA Outpatient Treatment	\$2.95 million
Assessment	\$5.37 million
Title XIX Services	\$13.74 million
SSI Client Offset Services	\$1.56 million
TANF Services	\$4.20 million
Children & Family Services	\$0.68 million

County-Managed Services

- Grants in Aid
- Opiate Substitution Treatment
- ADATSA Assessment and Outpatient Treatment
- SSI Client Services
- TANF Services
- Title XIX Services

Special Projects

- Research Projects
- Drug Courts
- Federal Grants

Only 5% of DASA expenditures are used for administration.



What are our goals?

In 2002, DASA developed a six-year Strategic Plan. The Plan guides our work in implementing strategies that will help ensure healthier individuals, stronger families, more vibrant communities, and a healthier state.

Strategic Goals And Vision of Success

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE, 2004-2009

Protect vulnerable adults, children, and families.

- Preserving the safety net for those least able to support themselves or get support from others.
- Assuring vulnerable individuals are identified and receive the full range and scope of care and supports they need.

Break down barriers to self-sufficiency.

- Connecting people who can work to the services and supports they need to become economically independent.
- Supporting programs and services that allow individuals who do not pose a threat to themselves or others to live in their communities and achieve optimum independence.

Assure public safety and help build strong, healthy communities.

- Being a good neighbor, concerned for the health and safety of communities across the state.
- Assuring protections and safeguards are in place to protect the public from dangerous behaviors.

Reduce misuse and improve lives through preventive action.

- Reducing the prevalence and negative consequences of abuse through appropriate prevention and early intervention programs and services.

Honor diversity and promote equal access and opportunity.

- Making sure our employees and providers have the skills and knowledge to provide effective, culturally responsive services.
- Involving and consulting with tribal governments and American Indian communities and organizations in service/program planning, issue identification, and issue resolution.
- Eliminating barriers that people of color and individuals with disabilities face in our service delivery systems.



What is our vision of success?

Promote accountability and public stewardship in policy, programs, and practice.

- Providing superior customer service to those we serve.
- Assuring people have ready access to appropriate services.
- Being fiscally responsible in our use of public funds.
- Assuring our service providers meet quality standards.
- Having strong internal controls and effective contract monitoring systems in place.
- Establishing a strategic management process with well-understood linkages between planning and the development of coherent, defensible legislative proposals and budget requests.
- Managing our workload with a focus on quality in leadership, planning, customer service, information and analysis, human resource growth, and concrete performance measurement.
- Coordinating program planning and service delivery with federal agencies, other state agencies, local governments, and communities to improve client outcomes and achieve economies of scale.

Improve quality through innovation, technology, and research.

- Making improvements in productivity and efficiency through process simplification, business re-engineering, and investments in technology.
- Using research and data effectively and strategically to assess service gaps and needs, evaluate service/program effectiveness and client outcomes, understand emerging human service issues, and identify promising strategies and practices that will add value and improve performance.

Build a strong, committed workforce.

- Creating and sustaining a working environment that attracts, retains, and develops committed employees who can meet the challenges we face and seize opportunities for success.
- Closing any skill and competency gaps that exist in our current workforce.

Eight goals were identified and refined in the process of building DASA's Strategic Plan. These were affirmed by the Citizens Advisory Council on Alcoholism and Drug Addiction. In addition, DASA developed a Vision of Success – 23 statements of intent – to serve as guides for future activities in meeting our strategic goals.

What is the need for prevention services?

While DASA's prevention program covers all segments of the population at potential risk for drug and alcohol use and abuse, the primary focus is on children and youth who have not yet begun use or are still only experimenting. Research indicates that youth who initiate alcohol and/or other drug use before age 15 are twice as likely to experience substance abuse problems in later years than those who wait until after age 19.

- DASA has two main prevention goals:
- Delay onset of use; and
 - Reduce alcohol, tobacco, and other drug misuse.

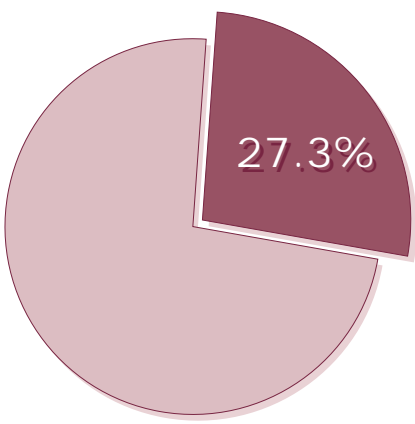
Performance is measured by the number of children in each of three grades - 6th, 8th, and 10th - who have not used alcohol, tobacco, or marijuana in the past 30 days.

DASA has adopted a “risk and protective factor” approach as the cornerstone of its efforts to prevent alcohol and other drug abuse. Risk factors are personal, family, or community characteristics that increase the likelihood an individual will use alcohol or other drugs. Protective factors are similar characteristics that help insulate individuals from substance-abusing behaviors.

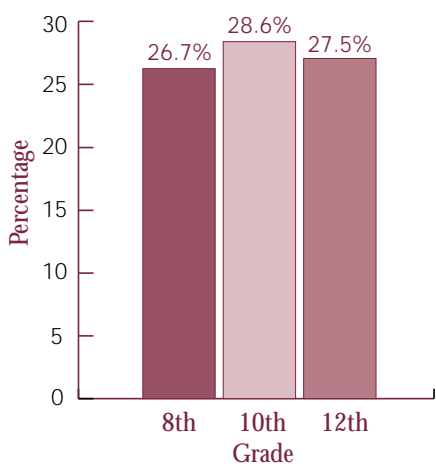
Adolescent Alcohol/Drug Use

Results from the 2002 Survey of Adolescent Health Behaviors

High School Seniors Binge Drinking in Past Two Weeks



Percentage of Youth Who Perceive Great Risk from Near-Daily Alcohol Use



Past 30-Day Substance Use Among Washington State 8th, 10th, and 12th Graders

Substance used	8th Grade	10th Grade	12th Grade
Alcohol	17.8%	29.3%	42.8%
Tobacco (Smoking)	9.2%	15.0%	22.7%
Marijuana	10.4%	18.3%	24.7%
Cocaine	2.4%	2.7%	4.4%
Hallucinogens	3.0%	4.0%	5.1%
Inhalants	5.0%	3.8%	3.0%
MDMA/Ecstasy	2.4%	3.2%	3.6%
Methamphetamine	2.1%	2.9%	2.4%

RISK FACTORS ASSOCIATED WITH YOUTH SUBSTANCE ABUSE

- Transition and Mobility
- Laws and Norms Favorable to Drug Use
- Perceived Availability of Alcohol, Tobacco, and Other Drugs
- Poor Family Management
- Parental Attitudes about Antisocial Behavior
- Poor Family Attachment
- Family History of Drug and/or Alcohol Use
- Academic Failure
- Low Commitment to School
- Antisocial Behavior
- Personal Attitudes about Drug and/or Alcohol Use
- Friends' Use of Alcohol and/or Drugs

What prevention services do we provide?

In SFY 2003, DASA supported a full range of prevention activities and educational efforts designed to reduce the incidence of substance abuse among Washington's youth. Community and statewide prevention strategies are selected from among those known to reduce risks or enhance protective factors among at-risk youth. Communities implemented multiple strategies, including:

- School-based K-12 curricula;
- Campus-based programs at higher education institutions;
- Education and support programs for children of alcoholics/drug addicts;
- Peer support programs;
- School intervention teams;
- Community-based parent training;
- Development of community task forces;
- Early childhood prevention programs; and
- Mentoring.

What is the need for treatment services?

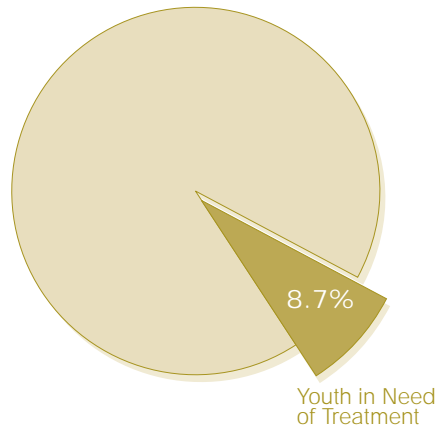
Based on a 1999 study conducted by DSHS Research and Data Analysis and updated in 2002, 422,685 adults living in Washington were in need of substance abuse treatment. This represents 9.8% of the total adult household population.

Need for substance abuse treatment is not highly correlated with income. Among adults living in households with incomes at or below 200% of the federal poverty level, 11.1% had a current need for treatment, compared with 9.4% of adults above 200% of the federal poverty level.

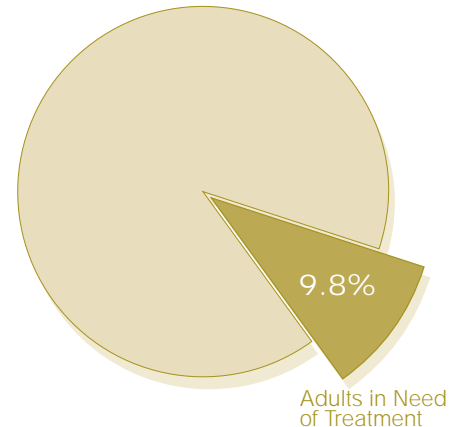
Males, American Indians, and those below age 45 have higher needs for treatment. Females, African-Americans, Asians, and Hispanics, and those above age 45 have lower needs for treatment.

A major upsurge in the number of reported methamphetamine laboratories and dump sites in Washington State is a secondary indicator of treatment need. It has been estimated that as many as 70% of children placed in foster homes in some rural counties come from families impacted by methamphetamine abuse.

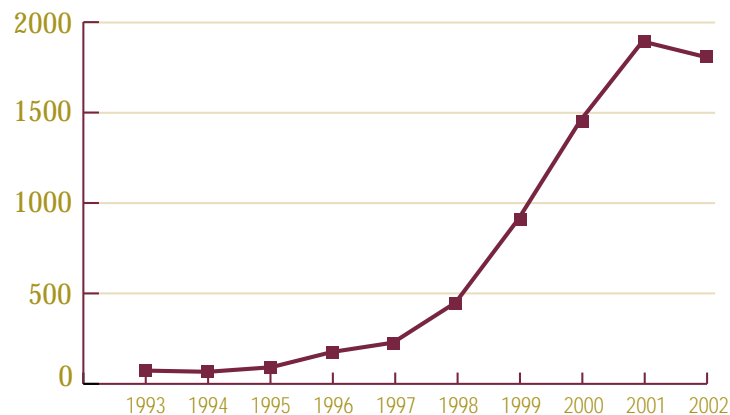
Youth Ages 12-17
in Need of Treatment



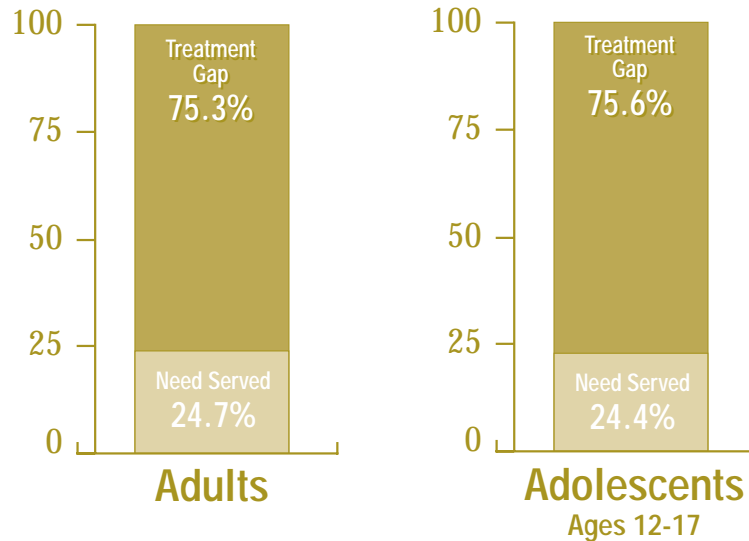
Adults Living in Households
in Need of Treatment



Number of Reported Methamphetamine Labs
and Dump Sites in Washington State, 1993-2002



DASA Serves Fewer than One Quarter of Those in Need of, and Who Qualify for, Publicly Funded Chemical Dependency Treatment



SFY 2002 Need Served and Treatment Gap Rates – Adults and Adolescents:

Target Population	Needing and Eligible for	Received Treatment	Number Unserved	Need Served Rate	Treatment Gap Rate
All Adults 18 and Older	99,863	24,665	75,198	24.7%	75.3%
Adolescents (ages 12-17)	24,468	5,969	18,499	24.4%	75.6%
TOTAL	124,331	30,634	93,697	24.6%	75.4%

Excludes detox and transitional housing, private pay, and Department of Corrections.

What is our “treatment gap”?

The treatment gap is a useful tool for describing the degree to which more resources are needed if DASA is going to be able to ensure that those who require, and qualify for, publicly funded chemical dependency treatment are able to receive it. It is calculated by subtracting those individuals living in households who are admitted to publicly funded treatment in a given year from those in need of and who would qualify to receive it. The resulting total is then divided by those in need and who qualify to produce a rate of unfilled need, or “treatment gap”.

There are significant cost offsets associated with providing chemical dependency treatment – in reduced crime and criminal justice costs, lower need for public assistance, decreasing medical and psychiatric care expenditures, and fewer social service-related costs. Reducing the treatment gap is a sound investment in Washington State and its people.

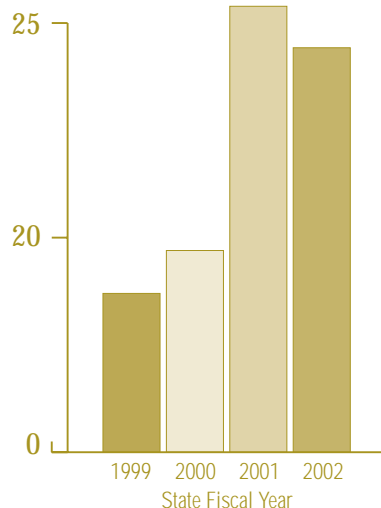


What treatment services do we provide?

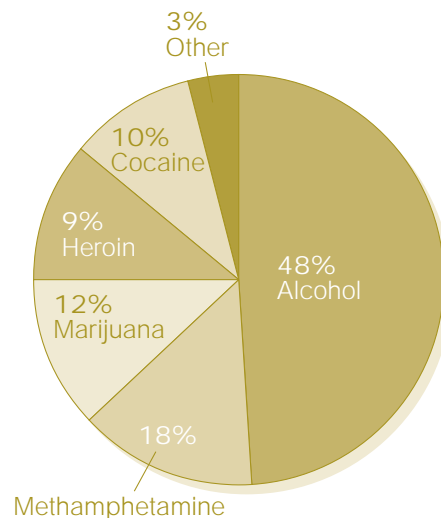
All DASA-funded services are provided by a statewide network of qualified chemical dependency treatment providers. The Division either contracts directly with providers, or indirectly through county administrations or tribes.

The Division seeks to ensure that all contracted treatment services are designed to maintain a cost-effective, high quality continuum of care for helping individuals addicted to alcohol or other drugs, and their families.

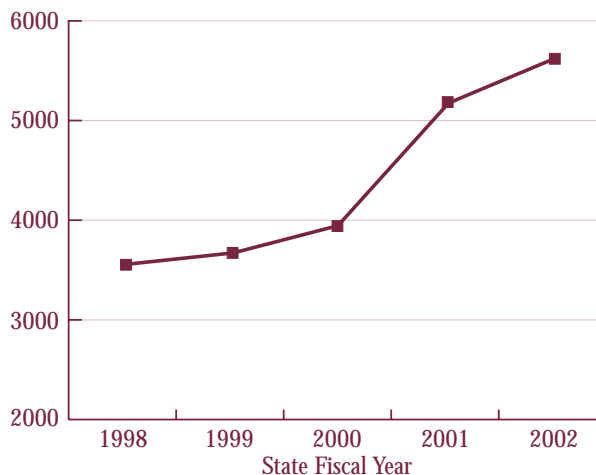
Number of Adults Receiving DASA-Funded Treatment Services (in thousands)



Alcohol is the Primary Drug of Abuse Cited Most Often in Adult Admissions to DASA-Funded Treatment



DASA-Funded Treatment Admissions for Methamphetamine Have Increased 60% in the Past Five Years



Adults Receiving DASA-Funded Treatment and Treatment Gap By County – SFY 2002

County	# Adults Eligible and in Need of tx	# Adults Receiving Funded tx	Treatment Gap
Adams	241	74	69.3%
Asotin	491	99	79.8%
Benton	2,515	726	71.1%
Chelan	1,423	432	69.6%
Clallam	1,231	501	59.3%
Clark	5,220	1,105	78.8%
Columbia	74	54	24.2%
Cowlitz	1,868	753	59.7%
Douglas	572	113	80.3%
Ferry	220	104	52.7%
Franklin	976	363	62.8%
Garfield	37	21	43.4%
Grant	1,733	352	79.7%
Grays Harbor	1,846	350	81.0%
Island	1,282	216	83.2%
Jefferson	616	138	77.6%
King	22,963	4,848	78.9%
Kitsap	3,511	977	72.2%
Kittitas	1,372	164	88.0%
Klickitat	424	145	65.8%
Lewis	1,510	378	75.0%
Lincoln	177	47	73.4%
Mason	976	260	73.4%
Okanogan	1,014	518	48.9%
Pacific	443	172	61.2%
Pend Oreille	275	68	75.2%
Pierce	11,767	2,945	75.0%
San Juan	142	101	29.0%
Skagit	1,450	576	60.3%
Skamania	195	64	67.2%
Snohomish	7,156	1,578	77.9%
Spokane	10,578	1,615	84.7%
Stevens	880	194	78.0%
Thurston	3,665	848	76.9%
Wahkiakum	60	47	21.3%
Walla Walla	1,045	228	78.2%
Whatcom	3,879	1,115	71.3%
Whitman	1,872	103	94.5%
Yakima	4,200	2,271	45.9%

What treatment services do we provide?

Contracted services include:

- Diagnostic evaluation;
- Alcohol/Drug detoxification;
- Outpatient treatment;
- Opiate substitution treatment;
- Intensive inpatient treatment;
- Recovery house;
- Long-term residential care;
- Involuntary treatment of alcoholics/addicts;
- Youth residential treatment;
- Youth outpatient treatment;
- Residential treatment for pregnant and parenting women;
- Outpatient treatment for pregnant and parenting women; and
- Treatment for co-occurring disorders.

Specialized contracted support services for eligible individuals include:

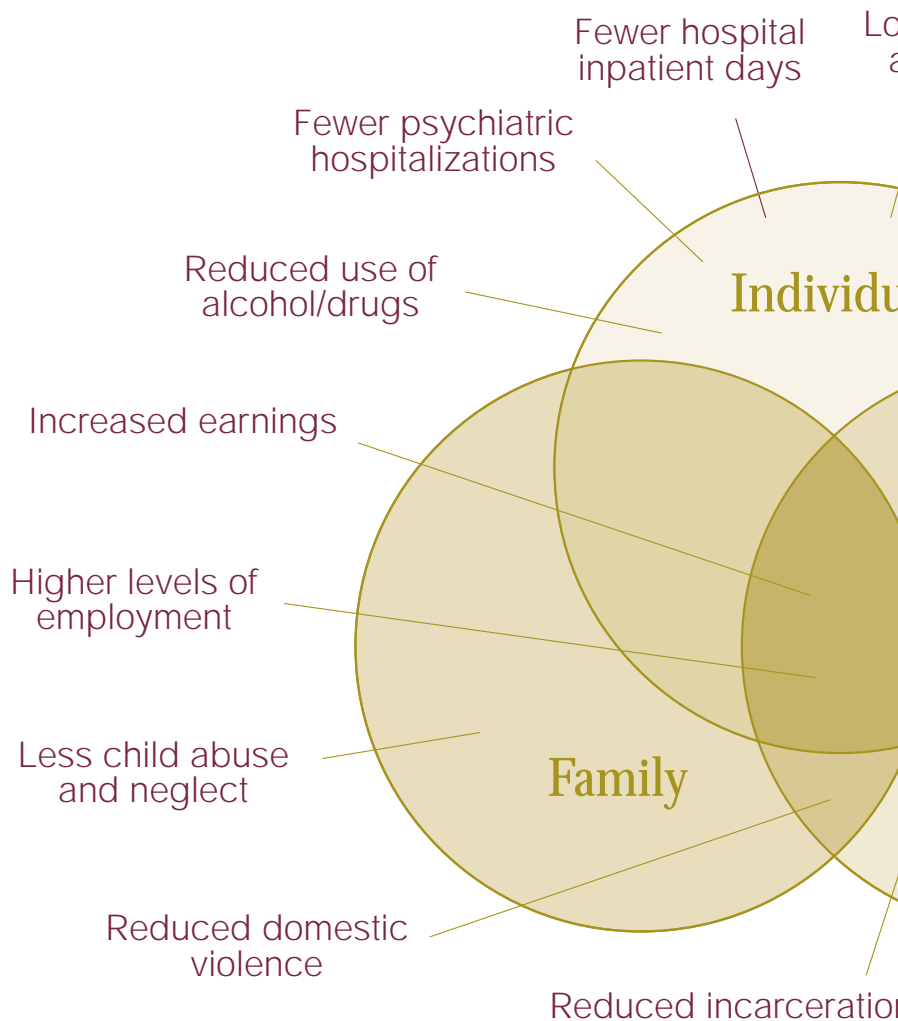
- Child care;
- Translation services (including interpreters for persons who are deaf or hard of hearing);
- Transportation assistance;
- Youth services case management;
- Youth outreach;
- HIV support services; and
- Cooperative housing (Oxford House) support.

Treatment works!

The Division of Alcohol and Substance Abuse is committed to its mission of helping people achieve safe, self-sufficient, healthy, and secure lives. Research has shown that substance abuse treatment also results in stronger families, more vibrant communities, and contributes to the economic vitality of Washington State.

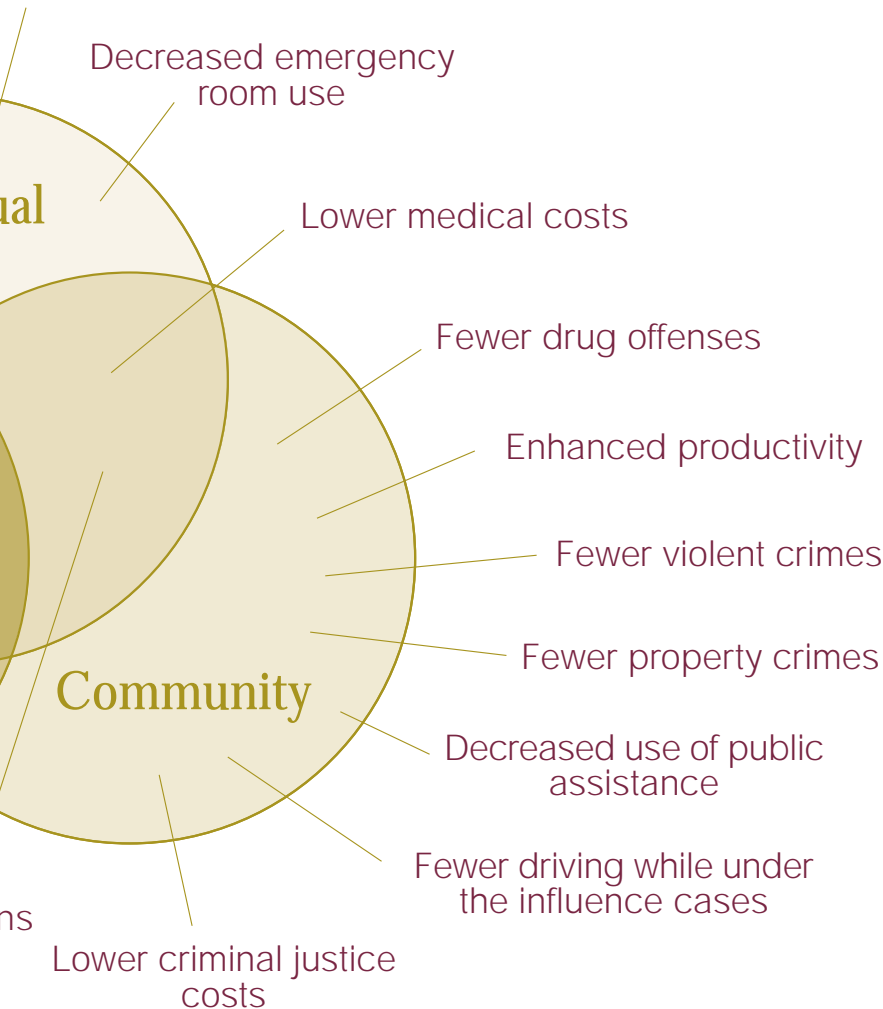


Treatment



It Works!

Lower hospital
admissions



Treatment works!

In addition to improved outcomes for all clients receiving treatment, special populations such as pregnant women, adolescents, and injection drug users experience better outcomes in other areas as a result of treatment as well.

Treatment Outcomes for Pregnant Women (in addition to other outcomes)

- Lower fetal death rate
- Fewer pre-term deliveries
- Fewer low birth weight babies
- Reduced health care costs for babies

Treatment Outcomes for Adolescents (in addition to other outcomes)

- Improved school performance
- Fewer school suspensions
- Reduced school discipline problems
- Improved family relationships
- Less juvenile justice system involvement

Treatment Outcomes for Injection Drug Users (in addition to other outcomes)

- Reduced injection drug use
- Less needle sharing
- Less illegal income
- Improved physical and mental health

Treatment works!

Research studies undertaken or contracted for by DASA have demonstrated the following (copies of all studies are available from DASA's Research and Evaluation Section):

- In the year prior to the 18-month post-treatment follow-up, school suspensions among substance-abusing youth who received residential treatment dropped 61%, and expulsions dropped 86%.
- “Becca” youth (chemically dependent adolescents who are beyond their parents’ control and/or are chronic runaways) who complete residential chemical dependency treatment are much less likely to use alcohol or marijuana, less likely to run away from home, and less likely to be suspended from school or arrested. Rates of delinquent behavior decline sharply following treatment.
- Substance-abusing women who receive chemical dependency treatment while pregnant are much less likely to have low birth weight or very low birth weight babies.
- Average Medicaid costs during the first two years of life are significantly lower for infants born to women who received chemical dependency treatment while pregnant than for those born to substance-abusing women who do not receive treatment.
- Alcohol and Drug Addiction Treatment and Support Act (ADATSA) clients deemed “unemployable” prior to receiving chemical dependency treatment report monthly earnings that are 57% higher than those who did not receive treatment.
- Supplemental Security Income recipients in need of chemical dependency treatment and who receive it subsequently have lower medical costs, lower psychiatric hospitalization costs, lower nursing home costs, and fewer criminal arrests than those who do not receive treatment.
- For ADATSA patients with Medicaid medical expenses prior to admission, chemical dependency treatment was associated with \$7,900 in overall savings in medical expenses over a five-year follow-up period.

Treatment works!

- Patients receiving residential chemical dependency treatment are far less likely to use alcohol and illegal drugs following treatment. Six months after treatment discharge, abstinence rates increased by 87-109%. Of those who continued to report any illegal drug use the percentage of patients who used any illegal drugs for seven or more of the past 30 days declined 74%.
- Six months following discharge from residential treatment, clients' average 30-day earnings from illegal activity declined 93%.
- Approximately 60% of low-income adults completing publicly funded treatment become employed in the year following discharge. More than half (53%) work more than 20 hours a week; 54% earn wages above the federal poverty level. Approximately one quarter of those employed work more than 35 hours a week; 99% of these earn wages above the federal poverty level, with an average monthly wage of \$1,667.
- Criminal arrests among publicly funded opiate substitution treatment patients declined 63% when compared to the year prior to treatment. Drug offenses decreased 52%; arrests for property crimes dropped by 64%. One year after treatment admission, there was a 79% decline in days of illegal activity in the prior 30 days, compared with the 30 prior to treatment admission.
- The number of publicly funded opiate substitution treatment patients visiting emergency rooms declined by 51% compared to the year prior to treatment. Utilization of major medical treatment decreased by 37%.
- For every dollar spent on drug courts, taxpayers received approximately \$2.45 in benefits in reduced criminal justice costs.



Program Highlights SFY 2003

Safe Babies, Safe Moms – Safe Babies, Safe Moms provides early identification of pregnant substance abusers, improved access, to and coordination of, health care and chemical dependency treatment services, and family-oriented early intervention services for women and their children. Working closely with community-based service providers, Safe Babies, Safe Moms has served more than 440 women in Whatcom, Benton-Franklin, and Snohomish Counties.

First Residential Treatment Program for Pregnant/Parenting Adolescents – In March 2003, Perinatal Treatment Services in Tacoma opened the first residential chemical dependency treatment programs specifically designed for pregnant and parenting adolescent females. DASA provides funding for 15 Level I Secure beds. The program provides on-site infant and child care.

New Adult Co-Occurring Disorders Program – A new program, Pathways, is a residential chemical dependency treatment program developed to treat adult male patients with the most severe co-occurring disorders – including thought disorders, severe learning disabilities, as well as those requiring medication management. Pathways is jointly administered by Triumph Treatment Services and Central Washington Comprehensive Mental Health in Yakima, in coordination with the Yakima Crisis Center and the Yakima Valley Memorial Hospital Behavioral Health Care Center Program.

Response to Closure of Cedar Hills Addiction Treatment Facility – In December 2002, in response to budgetary pressures, the King County Council closed the Cedar Hills Addiction Treatment Facility (CHAT). CHAT had a long legacy of delivering quality chemical dependency treatment services to low-income residents of King County. DASA worked to reallocate publicly supported treatment slots and available resources to certified providers in King County and adjacent counties.

Dangerously Mentally Ill Offenders – DASA continues to work closely with the Washington State Department of Corrections and the DSHS Mental Health Division to facilitate the safe transition of mentally ill offenders back into the community. Coordinated multi-system planning among the three agencies is directed at the re-entry of each designated offender, once their prison terms have been served, to ensure each receives necessary services.

Working with Tribes – DASA continues to work collaboratively with tribes, Indian Policy Advisory Committee, and DSHS' Indian Policy and Support Services to implement the Government-to-Government contracting process. Contracts for substance abuse-related treatment and prevention services are now in place with 28 of the 29 federally recognized tribes in Washington State.

SSI Cost Offset Project Expansion – A collaborative study between DASA and the Medical Assistance Administration indicated that providing treatment to chemically dependent Supplemental Security Income (SSI) recipients resulted in substantially lower medical, psychiatric, and nursing home costs. As a result of the realized savings, \$2.94 million was allocated in the 2001-2003 Biennium to provide additional treatment for SSI recipients.

Program Highlights SFY 2003

Statewide Client Satisfaction Survey – In March 2003, DASA administered its third annual statewide client satisfaction survey to 15,715 patients (representing 75% of patients receiving treatment at 80% of the treatment centers statewide). The survey now includes both adults and adolescents, and is administered in both English and Spanish. Some 96% of adult, and 90% of youth patients reported positive levels of satisfaction with services received.

Prevention Management Information System – Working in collaboration with its state parties, county and tribal contractors, DASA has now implemented a Prevention Management Information System. The System, which is designed to collect information on capacity, process, and outcomes, is considered a model for the nation, and will meet the proposed federal guidelines for the Substance Abuse Mental Health Services Administration's Performance Partnership Grant.

Collaborative Needs Assessment – Meeting one of the key objectives of the Governor's State Prevention Plan, DASA provided leadership in establishing the 2003-05 Collaborative Needs Assessment. This enables local prevention agencies to work together to develop a single assessment that multiple state agencies will accept in funding applications and planning processes. DASA partners included the Office of Superintendent of Public Instruction, Department of Health, Department of Community Trade and Economic Development, and the Family Policy Council.

Best Practices Policy and Prevention Workforce Development – Effective July 1, 2003, DASA has established a policy requiring 50% of county-funded prevention programs utilize prevention "best practices" as defined by the Western Center for the Application of Prevention Technologies (West-CAPT). In support of this policy, and in collaboration with West-CAPT and the Office of Superintendent of Public Instruction, DASA has provided Substance Abuse Prevention Specialists Training to more than 420 participants. This one-week course is designed to teach participants a research-based framework of prevention services planning, implementation, and evaluation using contemporary prevention theories, evidence-based programs and strategies, and local survey and archival data.

Children's Transition Initiative – The Children's Transition Initiative (CTI) is aimed at preventing substance abuse among children with multiple risk factors and limited protective factors associated with substance abuse. Children age 9-16, together with their families, are enrolled in an array of prevention services for a minimum of one year. In SFY 2003, 77 children were enrolled from Grant, Columbia, Ferry, Spokane, Benton/Franklin, Lincoln, Skamania, and Whatcom Counties.

Opiate Substitution Treatment Program Accreditation Surveys – DASA is the only state agency in the United States approved by the federal Substance Abuse Mental Health Services Administration as an Opiate Treatment Program Accreditation body. In SFY 2003, DASA completed accreditation surveys of all nine treatment programs requiring them.

What new legislation will impact DASA and our clients?

The 2002 and 2003 Legislative Sessions resulted in a series of legislative initiatives and budget enhancements that will result in the delivery of much-needed chemical dependency treatment services to Washington residents. The most significant initiatives were directed toward the delivery of services to drug offenders.

Drug Offender Sentencing Reform – With bipartisan support, Second Substitute House Bill 2338 was passed by the 2002 Legislature. The law effected major changes in drug offender sentencing in Washington State. Key provisions of the law include:

- Establishing the Criminal Justice Treatment Account (CJTA), funded out of savings to the Department of Corrections by reducing sentences for certain drug offenders;
- Utilizing savings for treatment and limited treatment support services;
- Establishing work groups to develop a methodology for calculating the savings; formulas and grant processes for distributing the funds to the counties; and county plans for submission to the formula and grant panels;
- Establishing a drug offender sentencing grid and a review committee;
- Setting minimum standards for the participation of offenders in drug courts; and
- Authorizing studies of the effectiveness of the new sentencing grid and drug courts.

Following calculation of the expected prison bed savings for the 2003-2005 Biennium, in the 2003 Session the Legislature enacted Engrossed Senate Substitute Bill 5990. ESSB transferred \$8,950,000 from the General Fund to the CJTA for the new Biennium. These funds are being distributed by DASA (70% using a funding formula, and 30% through a grant program) for use in providing substance abuse treatment for offenders at the local level. In addition, the Legislature transferred \$2,984,000 to the Violence Reduction and Drug Enforcement Account (VRDE) to provide substance abuse treatment for offenders confined in state correctional facilities.

Washington State Legislature
 Office of the Governor
 Office of the Lieutenant Governor
 29 Federally Recognized Indian Tribes and Nations
 Association of County Human Services
 Citizens Advisory Council on Alcohol and Drug Addiction
 County Alcohol and Drug Addiction Boards
 Washington State Drug Court Association
 Washington State Association of Drug Court Professionals
 Washington Association of Prosecuting Attorneys
 Washington Association of Sheriffs and Police Chiefs
 Superior Court Judges Association
 Washington State Association of Counties
 Association of Washington Cities
 Washington State Medical Association
 Washington State Board of Pharmacy
 Washington State Department of Health
 Washington State Department of Corrections
 Office of Superintendent of Public Instruction
 Washington Traffic Safety Commission
 Washington State Liquor Control Board
 Northwest High Intensity Drug Trafficking Area
 Misdemeanor Correction Association
 Association of Alcoholism and Addiction Programs
 Chemical Dependency Professionals of Washington State
 Washington State Association of Independent Outpatient Programs
 Treatment Alternatives for Safer Communities
 Northwest Consortium of Chemical Dependency Educators
 Association of Certified Chemical Dependency Counselors
 Alliance for Recovery
 Northwest Addiction Technology Transfer Center
 Alcohol and Drug Abuse Institute, University of Washington
 Washington State Alcohol/Drug Clearinghouse
 FAS/FAE Family Resource Institute
 Fetal Alcohol Syndrome Interagency Workgroup
 Families for Kids
 Solutions Group
 Washington Kids Count
 Municipal and District Court Judges Association

Who are our partners?

DASA's successes in helping people achieve safe, sufficient, healthy and secure lives, and build strong, vibrant communities would not be possible without the leadership and commitment of our partners. Helping individuals recover from the disease of chemical dependency and preventing the harm to families and communities that results from alcohol and other drug abuse requires the combined efforts of social service agencies, schools and colleges, business and labor, the criminal justice system, community non-profit and religious organizations, chemical dependency treatment providers, tribes, and local, state, and federal government.

DASA wishes to thank the listed organizations for partnering with us on behalf of the people and diverse communities of Washington State (we apologize to anyone we have inadvertently left out):

What are our future challenges?

As part of its Strategic Plan, DASA has adopted six Strategic Priorities for 2004-2009. Taken together, progress toward fulfilling these priorities will play a critical role in ensuring stronger families, more vibrant communities, and a more productive citizenry.

Strategic Priorities

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE 2004-2009

1. Closing the Treatment Gap.

The biggest challenge facing DASA is increasing the number of people being served. It continues to be true that three out of four individuals – adults and youth – in need of, and qualifying for, DASA-funded treatment are unable to access it. New resources are needed to keep pace with the need, and would represent a sound investment in our state's future.

2. Providing Treatment Alternatives to Incarceration.

The prison population in Washington State has doubled over the last decade, and the number of drug offenders in prison has risen 250% since 1989. New legislation enacted in 2002 and 2003 will provide for significantly enhanced access to community-based treatment in lieu of incarceration, with resulting lower prison costs and long-term improvements in public safety.

3. Fulfilling Responsibility as a Federally Recognized Opiate Substitution Treatment Accreditation Body.

DASA is the first and only state alcohol and drug abuse agency in the United States to achieve designation as an opiate substitution treatment program accreditation body from the federal Substance Abuse and Mental Health Services Administration. DASA is committed to streamlining regulation of programs, and ensuring the highest quality service delivery.

4. Reaffirming Our Commitment to Science-Based Prevention.

The application of science to the prevention of alcohol and substance abuse is a young and promising discipline. DASA is committed to assisting the prevention field in becoming more adept in the application of science-based practices, and in the utilization of rigorous evaluation processes. The inauguration of DASA's new prevention management information system should assist communities in developing well thought-out targeted prevention efforts.

5. Bridging the Gaps Between Research, Policy, and Practice.

Opportunities exist to improve communication of research findings to assure better prevention and treatment outcomes for patients, their families, and communities. Through expanding collaborations, DASA will work to ensure research can better inform legislative, budgetary, and policy decisions.

6. Developing a Strong Workforce.

DASA will continue to support a range of initiatives to ensure a workforce of knowledgeable and skilled treatment professionals equipped to provide quality care to patients, work effectively with communities to prevent substance abuse, and contribute to a healthier population and state.

For more
information:

Main Office

Washington State Division of Alcohol and
Substance Abuse
PO Box 45330
Olympia, WA 98504-5330
(360) 438-8200; Toll-Free 1-(877) 301-4557;
FAX (360) 438-8078
TTY: (360) 438-8203
Website: www1.dshs.wa.gov/dasa/

Washington State Alcohol/Drug
Clearinghouse
Toll-Free 1-800-662-9111
(Within Washington State)
(206) 725-9696 (from Seattle or Out-of-State)
FAX (206) 760-0589
E-mail: clearinghouse@adhl.org

DASA Regional Administrators

Region 1 (Northeast Washington)
Ray Antonsen
Division of Alcohol and Substance Abuse
1330 N. Washington - Suite 3420
Spokane, WA 99201-3420
(509) 456-5047; FAX (509) 456-2723
E-mail: ANTORF@dshs.wa.gov

Region 2 (Southeast Washington)
Ella Hanks
Division of Alcohol and Substance Abuse
1002 North 16th, 3rd Floor
PO Box 9428
Yakima, WA 98909
(509) 225-6196; FAX (509) 575-2903
E-mail: HANKSEM@dshs.wa.gov

Region 3 (Northwest Washington)
Dick Jones
Division of Alcohol and Substance Abuse
Region 3 CSD, Suite 103
16710 Smokey Point Boulevard
Arlington, WA 98223
(360) 658-6893; FAX (360) 651-6124
E-mail: JONESDE@dshsw.wa.gov

Region 4 (King County)
Harvey Funai
Division of Alcohol and Substance Abuse
400 Mercer Street - Suite 600
Seattle, WA 98109-4641
(206) 2727-2156; FAX (206) 298-4443
E-mail: FUNAIHM@dshs.wa.gov

Region 5 (Pierce, Kitsap Counties)
Jim Friedman
Division of Alcohol and Substance Abuse
2121 South State Street
Tacoma, WA 98504-2808
(253) 983-6066; FAX (253) 983-6062
E-mail: FRIEDJR@dshs.wa.gov

Region 6 (Southwest Washington)
John Taylor
Division of Alcohol and Substance Abuse
PO Box 45330
Olympia, WA 98504-5330
(360) 438-8214; FAX (360) 438-8078
E-mail: TAYLOJE@dshs.wa.gov

**ALCOHOL/DRUG 24-HOUR
HELP LINE: CALL TOLL-FREE
1-800-562-1240**



Washington State
Department of Social
& Health Services

Division of Alcohol and Substance Abuse

Washington State Department of Social and Health Services
Division of Alcohol and Substance Abuse
PO Box 45330
Olympia, WA 98504-5330
(360) 438-8200
TTY (360) 438-8203
Website: www1.dshs.wa.gov/dasa/